

Abstract

Background: Postpartum hemorrhage affects approximately 2.9% of women who give birth each year. PPH remains a leading cause of preventable maternal mortality and morbidity. Worldwide, maternal deaths have been decreasing, while the U.S. is on the rise and Georgia ranks 50th in the nation.

Methods: To improve in the area of inadequate risk assessment (Bingham, 2011) and promote maternal safety, Wellstar nurses partnered with other disciplines on a system-wide initiative to implement the proactive OB hemorrhage risk assessment tool for early maternal hemorrhage identification in March of 2013. The partnership with AWHONN and the opportunity to be involved in their evidence-based 18 month project provided the additional revisions necessary for more accuracy and identification of at risk women. The project involved a total of 7722 women delivering and 93 nurses, 16 midwives, and 62 physicians that partnered to increase recognition of patient's at risk and decrease preventable morbidities and mortalities.

Results: As a result of the AWHONN PPH project we were successful in decreasing our mortality rate. We maintained our rate of women receiving greater than 4 units of RBC's.

Conclusions: Wellstar Kennestone nurses will continue to monitor the maternal mortality and morbidity metrics so that ongoing improvement needs are addressed and implemented.

Introduction

Wellstar Health system is committed to the safety of our women and their new babies. Our vision is to provide world class healthcare, so embarked on this journey and we endeavored to take the necessary steps to improve clinical practice and reduce errors related to postpartum hemorrhage (PPH) through this quality improvement project.

Our baseline data showed we had opportunities in decreasing mortality rates, total number of women receiving greater than 4 units of RBC's and ICU admission's due to PPH.

Methods & Materials

Quality Improvement:

- The goal of this initiative was to implement a system-wide proactive risk assessment tool to reduce associated maternal hemorrhage deaths.
- In March 2013, participants, including nurses, agreed to use the risk assessment tool developed by the California Maternal Quality Care Collaborative for maternal hemorrhage. Minor revisions were made to enhance the relevance of the tool specifically to Wellstar. The OB Hemorrhage Risk Assessment Tool was agreed upon for use within Wellstar for proactive maternal risk identification and implemented in March of 2013.
- To further promote the use of the EMR OB Hemorrhage Risk Assessment Tool, LaShea Wattie, RNC, C-EFM, BSN, MEd, suggested a banner bar that would display in EPIC screens when patient screening indicated a high risk for hemorrhage.
- We then embarked on the journey with AWHONN as part of the PPH project. Their new tool provided further clarity on maternal risk factors by dividing the classifications according to admission, pre-birth and post-birth categories. Further, hemorrhage risks of low, medium and high risk were more specifically defined providing clearer factors to which team members, including nurses and physicians, should assess for hemorrhage possibility.

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Analysis methods:

- We were most interested in tracking the new joint commission sentinel event criteria?
 - # of women who had received greater than 4 units of red blood cells
 - # of ICU admissions due to PPH
 - mortality rate
- We also tracked completion of the debriefing tool
- Our interventions were tracked through our data analyst and placed on the Awhonn PPH data portal.
- We used our monthly data to determine our interventions that were successful and areas where improvement was needed.
- We also used our hospital based events reporting system to cross match events to amount of debriefing tools we collected monthly.

Results

- The revised AWHONN PPH Risk Assessment Tool supported health care team members recognizing maternal patient's at risk for hemorrhage. The tool revised our readiness to respond to emergencies. We also identified by having the pink banner bar allowed all healthcare providers to quickly identify patient's at risk and decrease response time for clinical interventions.



Discussion

Facilitators:

- OB/GYN department chair and Physician champions
- L & D leadership team (EDON's, Managers, ANM, Educator)
- Labor & Delivery staff nurses
- Labor & Delivery staff nurse/data collector
- Amazing EPIC stork (IT) team
- The entire National AWHONN PPH project team

Barriers:

- Communication of standardized practice expectations to all providers
- Inadequate resource of scales for QBL collection (long delay in receiving this equipment).
- Accountability
- Compliance of clinical nurses completing the risk assessment at data assessment points.
- Leadership restructure

Implications:

- We need more time to hardwire PPH assessment tool and QBL process in OR to have significant changes in our data
- Staff need continuous reminders to complete all elements of the project

References

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